

FORM NO. 5. MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

WRIT

N. B. McCaw, of Columbia.

McCaw,

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>5588</b>
County of <u>Abbeville</u>		Township of <u>Sumner</u>		Registered No. <u>101</u> (For use of Local Registrar) St.; <u>Ward</u> City of <u>Sumner</u> (No. <u>101</u> instead of street and number.) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Inc. or Town of <u>Sumner</u>		Registration District No. <u>101</u>		
City of <u>Sumner</u>				
(2) Full Name of Child <u>Frank Williams Jester</u>				
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 7</u> 191 <u>5</u> (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME <u>Joseph Maynard Jester</u> (9) PRESENT POSTOFFICE OF FATHER <u>McCombs</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>34</u> (Years) (12) BIRTHPLACE <u>Greenwood</u> (13) OCCUPATION <u>Farmer</u> (20) Number of children born to mother, including present birth <u>3</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Emma Williams</u> (15) PRESENT POSTOFFICE OF MOTHER <u>McCombs</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>26</u> (Years) (18) BIRTHPLACE <u>Abbeville</u> (19) OCCUPATION <u>Housewife</u> (21) Number of children of this mother now living, including present birth <u>2</u>	
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>				
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> (Born alive or stillborn) <u>11 P. M.</u> (Hour A. M. or P. M.) on the date above stated.				
(23) (Signature) <u>R. M. Jester</u>		(25) Address of Physician or Midwife <u>McCombs</u>		
(24) State whether Physician or Midwife		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>J. B. Brown</u>		
(27) Filed <u>March 12 1915</u>		(28) <u>J. B. Brown</u> Local Registrar.		
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.				
Registrar <u>McCaw</u>				
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